

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026518

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87Primary Registration District No. 4565Registrar's No. 50

FILED AUG 1 1962

1. PLACE OF DEATH

a. COUNTY Crawfordb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SullivanLength of stay in 1b
4 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sullivan Comm. Hosp.Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missourib. COUNTY Crawfordc. CITY
OR TOWN LeasburgInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Route H 1 - Star RoadReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First RalphMiddle OnnieLast Denton

4. DATE OF DEATH

Month JulyDay 24Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

June 6, 1893

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months 7 Days 13

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Railroad Worker - 1st Class

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Washburn, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Firm Denton

13b. MOTHER'S MAIDEN NAME

Ellie Reed

14. NAME OF DECEASED'S WIFE

Olga Bruning

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Mrs. Olga Denton-Leasburg, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

seconds

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Congestive Failure2 days

DUE TO (c)

Pneumonia Rt Lung7 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized ArteriosclerosisResidual Left Hemiplegia from old stroke

PART II. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (If injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10 Oct 62 to 24 July 62 and last saw her alive on 24 July 62
Death occurred at 7:00 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Norman C. HoenerCuba, MoJuly 27, 1962William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

ITEM NO.

SHOULD READ

AUG 3 1962

FEB 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hennrich & Baer

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.